

Candidate  
**REPORT OF RECEIPTS AND DISBURSEMENTS**  
2010 Non-Judicial Election

**RECEIVED**

JAN 31 2011

Secretary of State  
Capitol Office

DATE STAMP

Name of Candidate Jack Gadd

Address P.O. Box 161 Hickory Flat, MS 38633

Telephone 662-333-4233 Fax \_\_\_\_\_

Contact Name \_\_\_\_\_ Email \_\_\_\_\_

Office Sought State Rep Dist #13 Political Party Democrat

☐ Check here if above is different from previous report

**TYPE OF REPORT**

\_\_\_\_ May 25, 2010 Pre-Election Report (January 1, 2010, through May 22, 2010).....Mandatory

\_\_\_\_ June 15, 2010 Pre-Runoff Report (May 23, 2010, through June 12, 2010).....Runoff Candidates

\_\_\_\_ October 26, 2010 Pre-General Report (May 23, 2010, through October 23, 2010).....All Candidates

\_\_\_\_ November 16, 2010 Pre-Runoff Report (October 24, 2010, through November 13, 2010).....Runoff Candidates

☒ January 31, 2011 Annual Report (January 1, 2010, through December 31, 2010).....All Candidates and  
Political Committees

\_\_\_\_ Termination Report (Candidate will no longer accept contributions or make campaign expenditures and has no outstanding campaign debt obligation) Required to terminate reporting obligations

**IMPORTANT**

- (1) Pre-Election reports are mandatory, even if no contributions or expenditures have occurred. In such case, the candidate shall submit a report indicating "0" (Zero) for total amount of reported contributions and expenditures during this period.
- (2) Until a Candidate files a Termination Report, annual and periodic reports must still be filed in accordance with Miss. Code Ann. § 23-15-807 (b) (ii) and (iii).
- (3) The receiving authority must be in actual receipt of the required reports by 5:00 p.m. on the reporting day. If the deadline falls on a weekend or a holiday, the office must be in actual receipt of the required reports by 5:00 p.m. on the first working day before the deadline. Faxed reports are acceptable.

**REPORTED CONTRIBUTIONS AND DISBURSEMENTS**

|                               | Itemized + Non-itemized =                    | This Period | Calendar Year-To-Date  |
|-------------------------------|--|-------------|------------------------|
| Total amount of contributions | \$ 1250. <sup>00</sup> \$ 100. <sup>00</sup> | \$          | \$ 1350. <sup>00</sup> |
| Total amount of disbursements | \$ +\$ 2984                                  | \$          | \$ 2984. <sup>00</sup> |
| Total amount of cash on hand  |  | \$ 6807.62  |                        |

I certify that I have examined this report and to the best of my knowledge and belief it is true, accurate, and complete.

Signature of Candidate Jack Gadd

Date 1-31-11

Authority: Refer to Miss. Code Ann. §23-15-801 (1972) et. seq. for statutory requirements.

Penalties: Failure to submit required reports, or failure to submit reports in accordance with statutory deadlines, or failure to submit valid reports shall result in fines of \$50 per day and/or prosecution in accordance with Miss. Code Ann. §§ 23-15-811 and 813 (1972).

SEND TO: 1. Candidates for Statewide, State district, multi-county and all legislative offices should return form to Secretary of State, Elections Division, P. O. Box 136, Jackson, MS 39206 or fax to 601-359-1499 or 601-676-2819.

2. Candidates for countywide and county district offices should return forms to their county Circuit Clerk.

Name of Candidate or Committee \_\_\_\_\_

Reporting period 1-1-10 through 12-31-10

## ITEMIZED RECEIPTS

|   |  |                           |  |
|---|--|---------------------------|--|
| A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan<br><input type="checkbox"/> Other (please specify) _____ |  | Date<br>(Mo., Day, Year)  | Amount of each<br>receipt<br>this period |
| Full name <u>BNSF</u>   |  | <u>10/8/10</u>            | \$ <u>250</u>                            |
| Mailing Address <u>P.O. Box 961039</u>  |  | <u>1/1/</u>               | \$                                       |
| City, State, Zip Code <u>Ft Worth Texas 76061</u>   |  | <u>1/1/</u>               | \$                                       |
| Name of Employer (Required) <u>Joe CHRISTIAN</u>  |  | <u>1/1/</u>               | \$                                       |
| Occupation (Required)   |  | Aggregate<br>year-to-date | \$ <u>250<sup>00</sup></u>               |
| B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan<br><input type="checkbox"/> Other (please specify) _____ |  | Date<br>(Mo., Day, Year)  | Amount of each<br>receipt<br>this period |
| Full name <u>AT+T PAC</u>   |  | <u>11/5/10</u>            | \$ <u>500</u>                            |
| Mailing Address <u>175 E CAPITOL ST Landmark Center</u>   |  | <u>1/1/</u>               | \$                                       |
| City, State, Zip Code <u>Jackson, MS 39201</u>  |  | <u>1/1/</u>               | \$                                       |
| Name of Employer (Required) <u>Bard Russell</u>   |  | <u>1/1/</u>               | \$                                       |
| Occupation (Required)   |  | Aggregate<br>year-to-date | \$ <u>500<sup>00</sup></u>               |
| C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan<br><input type="checkbox"/> Other (please specify) _____ |  | Date<br>(Mo., Day, Year)  | Amount of each<br>receipt<br>this period |
| Full name <u>CAPITOL ADVOCACY Group PAC</u>   |  | <u>12/23/10</u>           | \$ <u>500<sup>00</sup></u>               |
| Mailing Address <u>P.O. Box 217</u>   |  | <u>1/1/</u>               | \$                                       |
| City, State, Zip Code <u>Jackson, MS 39205</u>  |  | <u>1/1/</u>               | \$                                       |
| Name of Employer (Required) <u>Stephen Clay</u>   |  | <u>1/1/</u>               | \$                                       |
| Occupation (Required)   |  | Aggregate<br>year-to-date | \$ <u>500<sup>00</sup></u>               |
| D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan<br><input type="checkbox"/> Other (please specify) _____ |  | Date<br>(Mo., Day, Year)  | Amount of each<br>receipt<br>this period |
| Full name   |  | <u>1/1/</u>               | \$                                       |
| Mailing Address   |  | <u>1/1/</u>               | \$                                       |
| City, State, Zip Code   |  | <u>1/1/</u>               | \$                                       |
| Name of Employer (Required)   |  | <u>1/1/</u>               | \$                                       |
| Occupation (Required)   |  | Aggregate<br>year-to-date | \$                                       |

Name of Candidate or Committee \_\_\_\_\_

Reporting period \_\_\_\_\_ through \_\_\_\_\_

# ITEMIZED DISBURSEMENTS

|   |   |  |
|---|---|--|
| <b>A. Full name</b>                       | <b>Date</b><br>(Mo., Day, Year)         | <b>Amount of each</b><br><b>disbursement this period</b> |
| <b>Mailing Address</b>                    | ___ / ___ / ___                         | \$   |
| <b>City, State, Zip Code</b>              | ___ / ___ / ___                         | \$   |
| <b>Purpose of Disbursement (Optional)</b> | <b>Aggregate</b><br><b>Year-to-date</b> | \$   |
| <b>B. Full name</b>                       | <b>Date</b><br>(Mo., Day, Year)         | <b>Amount of each</b><br><b>disbursement this period</b> |
| <b>Mailing Address</b>                    | ___ / ___ / ___                         | \$   |
| <b>City, State, Zip Code</b>              | ___ / ___ / ___                         | \$   |
| <b>Purpose of Disbursement (Optional)</b> | <b>Aggregate</b><br><b>Year-to-date</b> | \$   |
| <b>C. Full name</b>                       | <b>Date</b><br>(Mo., Day, Year)         | <b>Amount of each</b><br><b>disbursement this period</b> |
| <b>Mailing Address</b>                    | ___ / ___ / ___                         | \$   |
| <b>City, State, Zip Code</b>              | ___ / ___ / ___                         | \$   |
| <b>Purpose of Disbursement (Optional)</b> | <b>Aggregate</b><br><b>Year-to-date</b> | \$   |
| <b>D. Full name</b>                       | <b>Date</b><br>(Mo., Day, Year)         | <b>Amount of each</b><br><b>disbursement this period</b> |
| <b>Mailing Address</b>                    | ___ / ___ / ___                         | \$   |
| <b>City, State, Zip Code</b>              | ___ / ___ / ___                         | \$   |
| <b>Purpose of Disbursement (Optional)</b> | <b>Aggregate</b><br><b>Year-to-date</b> | \$   |
| <b>E. Full name</b>                       | <b>Date</b><br>(Mo., Day, Year)         | <b>Amount of each</b><br><b>disbursement this period</b> |
| <b>Mailing Address</b>                    | ___ / ___ / ___                         | \$   |
| <b>City, State, Zip Code</b>              | ___ / ___ / ___                         | \$   |
| <b>Purpose of Disbursement (Optional)</b> | <b>Aggregate</b><br><b>Year-to-date</b> | \$   |
| <b>F. Full name</b>                       | <b>Date</b><br>(Mo., Day, Year)         | <b>Amount of each</b><br><b>disbursement this period</b> |
| <b>Mailing Address</b>                    | ___ / ___ / ___                         | \$   |
| <b>City, State, Zip Code</b>              | ___ / ___ / ___                         | \$   |
| <b>Purpose of Disbursement (Optional)</b> | <b>Aggregate</b><br><b>Year-to-date</b> | \$   |